

Sponsoring Member(s)	Recommendation	AB374 Section 10 requirements	Cross-cutting elements (B,C,H,Q)	Special Populations (Please cut and paste from the list below, include all that apply)	Justification	Research/Links	Action Step (e.g., BDR request, expend. of settlement funds, DHHS Policy, etc.)	Short Term or Long Term?	Fiscal Note? If yes, approximate amount.	Member Comments	Urgency	Impact
Presentation at February Interim Health - Dr. Woodard	To expand access to MAT and recovery supports for OUD limit barriers to individuals seeking treatment regardless of the ability to pay, encourage the use of hub and spoke systems, as well as recovery support.	E. Evaluate ways to improve and expand evidence-based or evidence-informed programs	C	a. Veterans, elderly persons and youth; b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems; c. Pregnant women and the parents of dependent children; d. Lesbian, gay, bisexual, transgender and questioning persons; e. People who inject drugs; (as revised) and g. Other populations disproportionately impacted by substance use disorders								
Presentation at February Interim Health - Dr. Woodard	Establish a bridge MAT program in emergency departments.	E. Evaluate ways to improve and expand evidence-based or evidence-informed programs	C	a. Veterans, elderly persons and youth; b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems; c. Pregnant women and the parents of dependent children; d. Lesbian, gay, bisexual, transgender and questioning persons; e. People who inject drugs; (as revised) and g. Other populations disproportionately impacted by substance use disorders								
Presentation at February Interim Health - Dr. Woodard and Dr. Capurro	Encourage waived prescribers to prescribe by providing incentives.	J. Study the efficacy and expand the implementation of programs to b. Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment.	C	a. Veterans, elderly persons and youth; b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems; c. Pregnant women and the parents of dependent children; d. Lesbian, gay, bisexual, transgender and questioning persons; e. People who inject drugs; (as revised) and g. Other populations disproportionately impacted by substance use disorders								
Presentation at February Interim Health - Dr. Woodard and Dr. Capurro	Use and promote telehealth for MAT, considering the modifications that have been made under the emergency policies.	E. Evaluate ways to improve and expand evidence-based or evidence-informed programs	C	a. Veterans, elderly persons and youth; b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems; c. Pregnant women and the parents of dependent children; d. Lesbian, gay, bisexual, transgender and questioning persons; e. People who inject drugs; (as revised) and g. Other populations disproportionately impacted by substance use disorders								

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<p>Presentation at February Interim Health - Dr. Woodard and Dr. Capurro</p>	<p>Consider the parity in coverage and participation in a statewide hub-and-spoke model across all payers with limitations on fail-first treatment options, prior authorization, and coverage limits.</p>	<p>E. Evaluate ways to improve and expand evidence-based or evidence-informed programs</p>		<p>a. Veterans, elderly persons and youth; b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems; c. Pregnant women and the parents of dependent children; d. Lesbian, gay, bisexual, transgender and questioning persons; e. People who inject drugs; (as revised) and g. Other populations disproportionately impacted by substance use disorders</p>								
<p>Presentation at February Interim Health - Dr. Woodard</p>	<p>Emphasize that the decision to initiate and maintain MAT should be made collaboratively between the individual and provider and not court systems.</p>	<p>F. Examine support systems and programs for persons who are in recovery</p>	C	<p>a. Veterans, elderly persons and youth; b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems; c. Pregnant women and the parents of dependent children; d. Lesbian, gay, bisexual, transgender and questioning persons; e. People who inject drugs; (as revised) and g. Other populations disproportionately impacted by substance use disorders</p>								
<p>Presentation at February Interim Health - Dr. Woodard</p>	<p>Engage individuals with lived experience in programming design considerations.</p>	<p>C. Assess and evaluate existing pathways to treatment and recovery</p>	C	<p>a. Veterans, elderly persons and youth; b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems; c. Pregnant women and the parents of dependent children; d. Lesbian, gay, bisexual, transgender and questioning persons; e. People who inject drugs; (as revised) and g. Other populations disproportionately impacted by substance use disorders</p>								
<p>Presentation at February Interim Health - Dr. Woodard</p>	<p>Implement follow ups and referrals to support and care; linkage of care for incarcerated, court involved individuals and pregnant women with OUD.</p>	<p>E. Evaluate ways to improve and expand evidence-based or evidence-informed programs</p>	C	<p>b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems c. Pregnant women and the parents of dependent children</p>								
<p>Presentation at March Interim Health - Catherine Lowden</p>	<p>Enable educators to build capacity to address psychological first aid for students (overlap)</p>	<p>E. Evaluate ways to improve and expand evidence-based or evidence-informed programs</p>	B	<p>a. Veterans, elderly persons and youth</p>								
<p>Presentation at March Interim Health - Mark Disselkoen, CASAT</p>	<p>Provide educational opportunities to increase competency of clinicians providing adolescent care (overlap)</p>	<p>C. Assess and evaluate existing pathways to treatment and recovery</p>	C	<p>a. Veterans, elderly persons and youth</p>								

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Presentation at March Interim Health - Dr. Megan Freeman, DCFS Presentation at March Interim Health - Dr. Megan Freeman, DCFS	Invest in behavioral health workforce, mitigating the stress & burnout covid-19 has caused (overlap) Consider radical changes to recruitment retention, and compensation of state frontline health care workers.	E. Evaluate ways to improve and expand evidence-based or evidence-informed programs E. Evaluate ways to improve and expand evidence-based or evidence-informed programs	C									
Presentation at February Interim Health - Dr. Stephanie Woodard Presentation at March Interim Health - Dr. Andrew Freeman, DCFS	Promote telehealth for MAT, considering the modifications that have been made under the emergency policies. Employ safety checks within our mobile crisis teams through technology.	C. Assess and evaluate existing pathways to treatment and recovery E. Evaluate ways to improve and expand evidence-based or evidence-informed programs J. Study the efficacy and expand the implementation of programs to b. Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment.	C	a. Veterans, elderly persons and youth								
Presentation at March Interim Health - Catherine Lowden Presentation at March Interim Health - Dr. Andrew Freeman, DCFS	Co-locate integrated supports with mental health and SUD professionals working side by side in schools (overlap) Children's mobile crisis needs to have increased use, explore co-response models to have true para response professionals, and we need to increase the robustness of caseworker training	E. Evaluate ways to improve and expand evidence-based or evidence-informed programs E. Evaluate ways to improve and expand evidence-based or evidence-informed programs	B	a. Veterans, elderly persons and youth								
Presentation at March Interim Health - Dr. Andrew Freeman, DCFS Presentation at March Interim Health - Dr. Elaine Brown and Jessica Adams	Intensive in-home services, peer-operated respite care, short term residential facilities. Right now, there is no crisis stabilization unit for adolescents in the state of Nevada. We are short acute psychiatric beds for northern and rural NV specifically, intermediate care facilities, and psychiatric residential treatment facilities Increase number of beds for youth with developmental disabilities, figure out how to make appropriate 24-hour placements., provide more intensive in-home services, foster care, intensive service coordination	E. Evaluate ways to improve and expand evidence-based or evidence-informed programs E. Evaluate ways to improve and expand evidence-based or evidence-informed programs	B	g. Other populations disproportionately impacted by substance use disorders.								
Presentation at March Interim Health - Elizabeth Manley	Residential interventions with oversight, attention to best practices; connections to communities, families, and aftercare; and the right services for each youth	E. Evaluate ways to improve and expand evidence-based or evidence-informed programs	C	a. Veterans, elderly persons and youth								
Presentation at March Interim Health - Dr. Megan Freeman, DCFS	Significantly increased capacity is needed for intensive care coordination to facilitate transitions and to divert youth a risk of higher level of care and/or system involvement. -Support the mental health needs of youth involved in the juvenile justice system. -Support the mental health needs of youth in the child welfare system -Fully support alternative funding and service delivery models for intensive care coordination	C. Assess and evaluate existing pathways to treatment and recovery	C	a. Veterans, elderly persons and youth b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems; f. Children who are involved with the child welfare system								

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Presentation at March Interim Health - Dr. Megan Freeman, DCFS	Expand clinical quality oversight of residential care systems, and fully support any necessary remediation or expansion efforts at facilities	E. Evaluate ways to improve and expand evidence-based or evidence-informed programs	C	a. Veterans, elderly persons and youth b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems; f. Children who are involved with the child welfare system			DHHS policy					
Presentation at March Interim Health - Dr. Megan Freeman, DCFS	Proactively develop and implement a state plan/infrastructure for pediatric disaster behavioral health response and recovery as well as general hospital consultation-liaison services and more effort in youth substance use disorder services.	C. Assess and evaluate existing pathways to treatment and recovery	C	a. Veterans, elderly persons and youth b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems; f. Children who are involved with the child welfare system								
Presentation at March Interim Health - Dr. Megan Freeman, DCFS	Increase timely data collection and research to identify and respond to youth mental health needs more rapidly from a perspective of community resiliency-based solutions	E. Evaluate ways to improve and expand evidence-based or evidence-informed programs	H	a. Veterans, elderly persons and youth b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems; f. Children who are involved with the child welfare system								

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Presentation at March Interim Health - Dr. Andrew Freeman, DCFS

Consider ways to get all payers in the system to reimburse for crisis services

E. Evaluate ways to improve and expand evidence-based or evidence-informed programs

Q

a. Veterans, elderly persons and youth

- Including federal funding for access to services
- o School based mental health
- o Telehealth
- o Integration behavioral health in pediatrics primary care
- o Strengthen efforts to decrease youth suicide risk
- o Addressing workforce challenges and shortages and consider incentives and loan forgiveness for behavioral health workforce

E. Evaluate ways to improve and expand evidence-based or evidence-informed programs

Q

a. Veterans, elderly persons and youth b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems; f. Children who are involved with the child welfare system

Presentation at March Interim Health - Dr. Andrew Freeman, DCFS

Reduce behavioral health provider shortage by investing in and expanding masters level clinicians' programs

E. Evaluate ways to improve and expand evidence-based or evidence-informed programs

Q

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Lisa Lee	Fiscal support the Nevada Certification Board to expand PRSS, CHW, PS, and doula certification in Nevada to expand our workforce and ameliorate drug related harms in Nevada.	C. Assess and evaluate existing pathways to treatment and recovery e) Evaluate ways to improve and expand evidence-based or evidence-informed programs (f) Examine support systems and programs for persons who are in recovery (j) Study the efficacy and expand the implementation of programs to: (2) Reduce the harms associated with substance use	Q	a. Veterans, elderly persons and youth b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems c. Pregnant women and the parents of dependent children d. Lesbian, gay, bisexual, transgender and questioning persons e. People who inject drugs; (as revised)	Prevention specialists, community health workers, doulas, and peer recovery support specialists all work with PWUDs and people in recovery. Now more than ever, Nevada must ensure a competent, trained, and credentialed workforce. The NCB is underfunded to achieve this goal of processing applications, maintaining the database, ensuring quality delivery of services, etc. while keeping certification fees affordable. We must support the administrative labor that contributes to creating and retaining qualified professionals in our state.	https://nevadacertboard.org/	Expenditure of Opioid Settlement Funds	Long-term (2+ years)	We will be having a budget workshop soon for an anticipated amount to fund the NCB.		3-Urgent	3-High Impact
Lisa Lee	Ensure that BIPOC communities are receiving overdose prevention, recognition, and reversal training and overdose prevention supplies such as fentanyl test strips and naloxone to reduce fatal overdoses among Black and Latinx/Hispanic individuals in Nevada.	E. Evaluate ways to improve and expand evidence-based or evidence-informed programs (j) Study the efficacy and expand the implementation of programs to: (2) Reduce the harms associated with substance use	H	g. Other populations disproportionately impacted by substance use disorders	The Overdose data indicate growing disparities in fatal drug poisonings among Black and Latinx/Hispanic Nevadans.	OD2A data (Shawn Thomas presentation).	Expenditure of Opioid Settlement Funds DHHS Policy	Long-term (2+ years)	Unsure		3-Urgent	3-High Impact
Shayla Holmes	Policy change to cover non-pharmacological or complementary treatments for pain, also to increase coverage of preventive and non-pharm/CAM modalities [also included in Response recommendations]	E. Evaluate ways to improve and expand evidence-based or evidence-informed programs	B, Q		When alternative pain treatments are more readily available and more cost effective for the consumer there will be a reduction in opioid prescribing and seeking.	Ramezani, A., Roberto, L.K., Andrade, Jr., A.L., Demasa, c., Carver, R., Raheel, A., Khan, R.A., Aria, L., Rockers, D., Barry, L., Rasmussen, C., Malekafzali, S., Aura, M.A., Cohen, C., Rogers, C.G., Llod, S. (2018). Taking on a Community Solutions Process (Co-Solve) to the pain and Opioid Epidemic: A Multi-disciplinary and Multi-institute Pain Panel and Community Response in Sacramento, California. California Journal of Health Promotion (16,2: 66-73).	Bill Draft Request	Long-term (2+ years)	Unsure		2-moderate	3-High Impact
Cross-cutting elements	B. Assess evidence-based strategies for preventing substance use and intervening to stop substance use; C. Assess and evaluate existing pathways to treatment and recovery, including special populations; H. Examine Quantitative and Qualitative Data on Risk Factors focusing on special populations; Q. Recommend evidence-based funding across geographic and socio-economic sectors											
Special Populations	a. Veterans, elderly persons and youth; b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems; c. Pregnant women and the parents of dependent children; d. Lesbian, gay, bisexual, transgender and questioning persons; e. People who inject drugs; (as revised) f. Children who are involved with the child welfare system, and g. Other populations disproportionately impacted by substance use disorders.											